

Transforming mental health services in Camden and Islington: Proposals for change to the Camden and Islington NHS Foundation Trust Estate

Case For Change

There are five categories of drivers for change to the current service delivery:

The local policy framework drivers for change – delivering on the objectives set out in the Trust's clinical and estates strategies by providing more care in the community, developing research capabilities and leading on equality and diversity;

The national policy framework drivers for change – focusing on prevention, achieving parity for mental health and physical health care provision and integration of physical and mental care;

The regional policy drivers for changes – implementing the NCL STP plan;

The poor quality of existing estate at SPH; and

The limitations on the current service provision at SPH;

Local Policy Framework

The Trust's Clinical Strategy

This proposal is in line with the Trust's 2016-2021 clinical strategy, which highlights some particular demands on the estates of the Trust.

The Trust's Clinical Strategy represents a vision for the transformation of mental health and substance misuse services. It is aimed at addressing the challenges for mental health services of:

Increasing demand;

Historic underfunding in comparison with physical health services;

Difficulties with accessing timely interventions due to stigma; and

Poor awareness and services often not being joined up or accessible particularly for vulnerable communities.

The strategic priorities of the Trust are:

Early and effective intervention;

Helping people to live well; and

Research and innovation.

It focuses on increasing services based in primary care and the community, improving access to services and integrating physical and mental health. The Clinical Strategy recognises that health and wellbeing are shaped by individual characteristics, lifestyle choices and environmental influences. So instead of attempting to 'fix' people and their problems, or do things to them rather than with them, recovery-orientated services look at individual needs and help people reach their potential. The Trust aims to provide services that are accessible, person-centred and responsive to the often complex needs of

individuals. It is also recognised that the main determinants of health are socio-economic. In order to promote good health, prevent ill health and reduce inequalities in health, the Clinical Strategy promotes ongoing joint working with our partner organisations to act on the social determinants that are likely to impair people's health.

A key component of the Clinical Strategy is the development of Practice Based Mental Health. Practice-based teams work locally with GPs and other services in primary care. Offering rapid assessments near to where people live, by senior clinicians who can make decisions about treatments, access services in the community or, if needed, refer to our specialist care-pathways. They will link people into the local community resources and services as they are better placed to see people who won't engage with secondary care mental health services. They will support GPs in managing people with chronic mental illnesses who are stable. Along with acute services, the practice-based teams are the entry point into our specialist care-pathways.

Development of specialist care-pathways that deliver treatment and support to people with similar needs due to mental illness is another priority. The focus of these services is to help people achieve their recovery goals and link into their local social networks and community resources. Access to these pathways is based on risk, intensity and the need for specialist treatment.

The Trust has won awards for the development of an Integrated Practice Unit for people with psychosis, which brings together partner organisations to improve the physical health of those with psychosis. This is done with an aim to close the health inequality and lost years of life for people with this condition experience. Bringing together all the providers who deliver care to people with psychosis and coordinate their treatment and support will deliver a better quality service and better outcomes, especially physical health outcomes.

Through community teams and work with partners, the Clinical Strategy sets out the vision to offer high quality and comprehensive care and treatment. This is to ensure that service users have access to high quality supported housing and are helped where necessary into education and employment and to develop social networks. Community services and support help people to continue their recovery and maintain their independence locally and help reduce the length of time people need to spend in hospital, when they are very unwell, to a minimum. The Trust is committed to offering world class, safe inpatient services in therapeutic environments.

The focus of the Trust's Clinical Strategy is to promote recovery, resilience and independence via easy to access community-based services and specialist care-pathways.

It is clear that in order to meet this clinical vision, the Trust needs an estate that enables Practice Based Mental Health to work locally and effectively with GPs and other services in primary care. It also needs an estate that allows the early successes of Integrated Practice Units to expand and bring physical health and mental health services together to meet health in-equalities. The development of Community Hubs, rather than multiple sites for small teams, allows a bringing together of services and providers to enable the coordination of treatment to deliver care closer to people's homes, a better quality service and better outcomes. Finally, the Trust needs an estate that can provide a safe and therapeutic environment to those requiring inpatient care.

The Clinical Strategy was approved and adopted by the Trust Board in November 2015. The Clinical Strategy Programme Board was set up to oversee and monitor the delivery of the Clinical Strategy.

The Clinical Strategy is in line with the NCL STP, which aims to increase early intervention and support through primary care, joined up social care and health services and ensure mental health has parity with physical health.

The Trust's Estate Strategy

The overarching aims of the Estate Strategy are to:

Provide modern, therapeutic mental health facilities across Camden and Islington;

Move more of our services into the community;

Build high quality, up-to-date, warm and welcoming inpatient facilities; and

Create world-class research facilities to help us deliver the very best care.

The Estates Strategy sets out the Trust's vision for an overarching transformation of the estate to enable effective delivery of national and local health strategies. It covers the period 2017 to 2022 and it is based on the Trust's assessment of the present estate to establish the scale of investment required to achieve the desired transformation. It has been developed in consultation with Trust Clinicians and the Estates Team and was approved by the Board in April 2017.

In summary, the Estates strategy:

Highlights the significant shortcomings of the present Trust estate and the need for wholesale estate change to meet service transformation;

Sets out an estate transformation strategy for the next five years that enables the intentions of the Trust's Clinical Strategy to be delivered;

Illustrates the opportunity that exists through a comprehensive approach to the St Pancras site and wider estate to enable the creation of community hubs (buildings that bring together a range of services for mental and physical health and social care) in local settings across both boroughs, supporting the local CCGs' and Local Authorities' strategies for locally based services in defined geographical patches;

Creating centralised high quality clinical, education and research, facilities, integrated primary care and the development of key worker and social housing for staff and local communities;

Improving access for all to services both through the location of services and by addressing EA10 compliance – both of which are currently difficult to achieve within the existing estate; and

Improving the efficiency and environmental impact of buildings alongside critically ensuring we create environments that are therapeutic – supporting people's wellbeing and recovery.

The Trust's vision is:

“Our vision is to provide a fit for purpose, therapeutic, cost-effective, integrated and accessible estate which enables the delivery of high quality health and social care services for our local population”

Equality and Diversity Policy

The Trust's Equality and Diversity Policy sets out how the Trust will demonstrate that it is planning and delivering services in a fair and equitable manner to all sections of the community, free from discrimination, and with dignity and respect.

Tackling health inequalities and social exclusion is an important priority for the Trust and it is committed to taking positive steps to ensure fair and equitable access to services for all. As a major provider of services, the Trust recognises the need to be pro-active so that it can meet the changing needs of diverse communities, and provide fair access for all in an environment where dignity, equality, diversity and human rights are respected and promoted. In this respect, the proposed redevelopment will provide fit for purpose, accessible facilities and support improved access to services for all users.

To support our commitment to equality and diversity, the Trust will:

- a. Set and publish equality objectives;
- b. Publish information annually on how we are meeting the public sector equality duties (PSED) and our progress in this area;
- c. Ensure that equality issues are considered as part of our everyday business, through completion of equality analysis impact assessments for all business and policy reviews and changes;
- d. Seek opportunities to promote equality and diversity for our staff and service users;
- e. Ensure that our services are as accessible and inclusive as possible, for all of our service users;
- f. Ensure that our service users know how to make a complaint or raise a concern if they feel they have been discriminated against;
- g. Ensure that our premises are accessible for staff and visitors.

Commitment to ensuring equality and diversity

The Trust recognises and celebrates the fact that each of the service users it supports and every member of staff who works at the organisation, is a unique and valued individual with different needs and aspirations.

In the 12-month period, the Trust embarked on an exciting new journey in relation to integrating and embedding equality, diversity and inclusion into all areas of Trust business, to ensure equality, diversity and inclusion becomes a 'golden thread' through all aspects of the Trust's business.

The Trust is now part of the Disability Confident Scheme, has become a Mindful Employer, has trained staff to be mediators and is in the process of training staff at all levels to be anti-bullying and harassment advisers. The newly established Disability Staff Network and LGBT+ Staff Network are progressing, with commitment secured for the Trust to be present at London Pride 2018.

Network for Change – our BME staff network - continues to grow. In the last year, the Trust's first Diversity Week at end of October 2017, showcased the rich abundance of cultures the Trust has, culminating in an event which saw 70 plus staff members from the Trust

attending, with guest speakers from NHS England, the Royal College of Nursing and C&I's Human Resources and Organisational Development Director giving the closing speech. In addition, the Trust now has BME staff members trained to sit on interview panels in the Trust.

The Women's Psychiatric Intensive Care Unit (WPICU) has been officially launched – the only such unit to offer this service across North Central London. The Recovery College is delivering courses “Men and Masculinity (Trans inclusive)” and “Understanding Black and Minority Ethnic (BME) Cultures and Mental Health”. The Trust has also launched rainbow coloured NHS lanyards for staff, to reinforce the Trust's cultural pillars and promote an environment of openness in all the Trust's services.

With the launch of ‘Our Staff first’ strategy, the Trust has implemented career clinics, flexible working Policy, themed HR and organisational development road shows, initiatives to support internal career progression and has introduced a New Starters Buddying Programme.

Priority actions for the 2018/19 will follow an equality delivery review that will involve stakeholders and local communities.

Equality Impact Assessment

As part of the planning for the redevelopment of St Pancras Hospital, an Equality Impact Assessment was undertaken, to ensure that all sections of our community would benefit positively by the changes. The EIA has been completed in two parts, with the initial phase completed prior to consultation and a second stage to be completed following the consultation outcomes. The majority of vulnerable or protected groups identified as part of the EIA have been judged as achieving greater equality, improved outcomes or increased accessibility through the proposal. For example, both inpatient and community developments will provide improved disabled access for service users, staff and visitors. For many other groups, the purpose built facilities offer an improvement in therapeutic environment, access to outdoor space and care delivered closer to home.

At this stage, the EIA has identified the potential increased travel time for some disabled service users as the only vulnerable group that may experience a reduction in accessibility. In order to minimise this risk, route planning to the new site will be provided and shared with local community groups for individuals with disabilities.

Global Leader in research

The SPH site has a strategic importance due to its proximity to Kings Cross Station, Euston Station and St Pancras Station representing a major national and international transport hub. There is also a Health and Life Sciences Cluster around Euston and Kings Cross that already includes The Trust, UCL, University College London Hospital NHS FT, the Francis Crick Institute, the Wellcome Trust and the London BioScience Innovation Centre.

The Trust already has one of the strongest records and reputations in UK mental health research. That is why the vision for the SPH site includes the establishment of an IoMH – in partnership with UCL who have the highest number of mental health academic citations in the UK – so that the Trust can build on this strength and be a world leader. For every £1

invested in mental health research, economic benefits are estimated to be 37p¹ per year in perpetuity, so this is an initiative that supports not only better care for service users but also the Mental Health Taskforce 5YFW (2016) objectives and broader economic sustainability.

National Policy Framework

Figure [4.1] summarises a number of relevant national policies and guidelines for mental health and also for healthcare more broadly. These policies and guidelines have guided and informed the proposal in a number of ways;

Services should be delivered to a local population footprint, rather than an organisational footprint;

Access to mental health must be improved to meet the rising demand for services;

Mental health must have parity of esteem to physical health to improve outcomes;

The barriers between primary and secondary care must be reduced to improve outcomes and reduce costs;

Services should be delivered as close to user's homes as possible and supporting primary care;

The NHS Estate Policy highlights the importance of 'the estate' as an enabler to these changes.

Figure [4.1]: Key National Policy Frameworks

5 Year Forward View and New Models of Care

Improving mental health provision is a central theme in NHS England's 2014 Five Year Forward View ("5YFV") alongside mental health specific policies, such as the Mental Health Growth Strategy and the NHS Mental Health Policy, which sets out the need for change in how the NHS delivers services in the future. The strategy includes a focus on prevention, allowing people more control over their care, better use of technology and so-called triple integration: between primary and secondary care, between mental health and physical health and between health and social care. The 5YFV suggests that mental health outcomes can improve by better prevention, increasing early access to effective treatments and crisis care and integrating care to reduce mortality. It challenges the NHS to develop new models of care to better provide for the needs of people and the increasing demand on health services.

North London Partners in Health and Care (NLP) has produced a five-year Sustainability and Transformation Plan (STP) which drives the implementation of the 5YFV. This focuses on planning by place for local populations rather than individual organisation's.

Incorporating the STP plans, the Trust has developed an ambitious, innovative and robust Clinical Strategy in line with the 5YFV, evidencing the Trust's willingness to adopt new models of care to transform outcomes. This includes using Practice-Based Mental Health Teams to provide mental health services from local GP Surgeries; allowing service users to be seen directly in Primary Care and facilitating early diagnosis and intervention. Having Multidisciplinary

¹ Health Economics Research Group, Office of Health Economics, RAND Europe. Medical Research: What's it worth? Estimating the economic benefits from medical research in the UK. London: UK Evaluation Forum; 2008

5YFV for Mental Health

Teams removes organisational and specialty barriers between primary and secondary care and also any perceived divisions between mental and physical health.

The Trust have developed an ambitious, innovative and robust Clinical Strategy in line with these principles from the 5YFV, evidencing the Trust's willingness to adopt new models of care to transform outcomes. This not only aligns local planning to national policy, but supports mental health specific guidance around increasing access to services by reducing stigma, putting mental health within reach of local communities and allowing access through primary care. This is often referred to as getting 'parity' for mental health services and is important to this case for change, as that is precisely what the SPH redevelopment facilitates.

In January 2016 the UK Prime Minister announced proposals to increase spending on mental health by £1bn. This was followed by the publication of the 'Five Year Forward View for Mental Health' in February 2016 from an independent national taskforce. Relevant areas of growth for the Trust include:

Access – New access targets to reduce waiting lists and address the pressures between demand and current capacity. This has been announced in Early Intervention in psychosis and will extend into other areas.

Integration of physical health and mental health – Services which support integration with physical health care and acute Trust efficiencies such as comprehensive liaison services, specifically in A&E, but also including areas such as support to people with dementia to reduce Average Length of Stay (ALoS).

The Trust already provides services in these areas, and has evaluated pilot projects to expand them in new models of delivery. It is therefore expected that the Trust will be successful in extending its services in this area in the next few years and this has formed part of the service reconfiguration plans.

NHS Mental Health Policy

The government plans to continue to prioritise improvements to mental health services, building on the policy priorities of the last coalition government. This was further reinforced by the Prime Minister's statement on 9 January 2017.

The government wants public services to reflect the importance of mental health in their planning, putting it on a par with physical health. This is often referred to as getting 'parity' for mental health services and is important to this case for change as that is precisely what the SPH redevelopment will allow, particularly in enabling better access to mental health services. The key priorities that are relevant to this PCBC are:

Enabling better access to mental health services and shorter waiting times a priority for NHS England;

Making reducing mental health problems a priority for Public Health England, the new national public health service;

Making mental health part of the new national measure of wellbeing, so it is more likely to be taken into account when government creates policy;

Providing £400m between 2011 and 2015 to give more people access to psychological therapies - including adults with depression, and children

<p>NHS Estates Policy</p>	<p>and young people; and</p> <p>Providing up to £16m of funding over four years for Time to Change, the campaign against mental health stigma and discrimination.</p> <p>Other policies and frameworks that would affect the strategic decision making of the Trust are:</p> <p>The current national strategy for mental health in England: No Health without Mental Health.</p> <p>A new national strategy up to 2020 for mental health in England is currently being developed by the Crisis Care Concordat, which the Trust signed up to in 2014 together with many of its partners in the two boroughs (Camden and Islington).</p> <p>The CQC 2015 Report – Right Here Right Now.</p> <p>Recent reports such as Transforming Care (2012) and the Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (2013).</p> <p>The Care Act 2014.</p> <p>Guidance from The Department of Health states “the environment provided by acute mental health services is a crucial element in the delivery of positive therapeutic outcomes for service users, their safety and the safety of staff and the wider community.” The environment in which care is delivered is a dynamic of the care itself and plays a crucial role in supporting the delivery of higher-quality and more cost-effective care.</p> <p>In particular, for mental health facilities, a superior and sympathetically designed therapeutic environment has the power to alleviate stress and provide comfort to peoples at times of acute distress and vulnerability. By continuing to deliver services in sub-par facilities, the Trust is failing to deliver an optimal service and the projected improvements to quality as laid out in the STP are unlikely to be achieved.</p> <p>By moving a number of services currently provided at the SPH site to facilities in the community, the Trust will be able to increase access and provision to the local population. The associated reduction in cost of delivering services in the community also supports this strategy, allowing the CCGs to deliver better value services.</p>
	<p>The Trust is required to reach an agreement on an outcome that works in the interests of all interested providers, commissioners (local CCGs and NHSE) and regulators (NHS Improvement). As above, the Trust has already started this process through its bilateral agreements as described in Section [4.5].</p>

Regional Policy Framework

NCL STP (January 2017) background

The Camden and Islington CCGs are part of the grouping of commissioners and providers in the North Central London region, which incorporates Barnet, Enfield, Haringey, Camden and Islington health, social care and public health commissioners, as well as all NHS Providers in the sub-region. This group is now referred to as North London Partners in Health and Care (NLP).

North London Partners in Health and Care has worked together to develop a North Central London (NCL) wide STP which sets out how local health and care services will transform

and over the next five years, build and strengthen local relationships and ultimately deliver the Five Year Forward View vision. The STP Vision is as follows:

“Our vision is for North Central London to be a place with the best possible health and wellbeing, where no-one gets left behind”

A set of core principles to support delivery of the vision has been developed, along four themes.

Prevention: increased efforts on prevention and early intervention to improve health and wellbeing outcomes for the whole population, to reduce health inequalities, and help prevent demand for more expensive health and care services in the longer term.

Service transformation: service transformation to meet the changing needs of the population and bring care into the community, closer to home. This includes taking a “population health” approach by strengthening the offering in the community by closely integrating with primary care.

Productivity: identifying areas to drive down unit costs, remove unnecessary costs and achieve efficiencies to ensure sustainability. For providers, this includes implementing recommendations from the Carter Review and working together across organisations to identify opportunities to deliver better productivity at scale.

Enablers: a focus on delivering capacity in key areas that will support the delivery of transformed care across NLP. This includes digital, workforce, estates, and new commissioning and delivery models.

NCL STP: Plan for Mental Health

The STP proposes a ‘stepped’ model of care supporting people with mental ill health to live well, enabling them to receive care in the least restrictive setting for their needs. The aim is to reduce demand on the acute sector and mitigate the need for additional mental health inpatient beds.

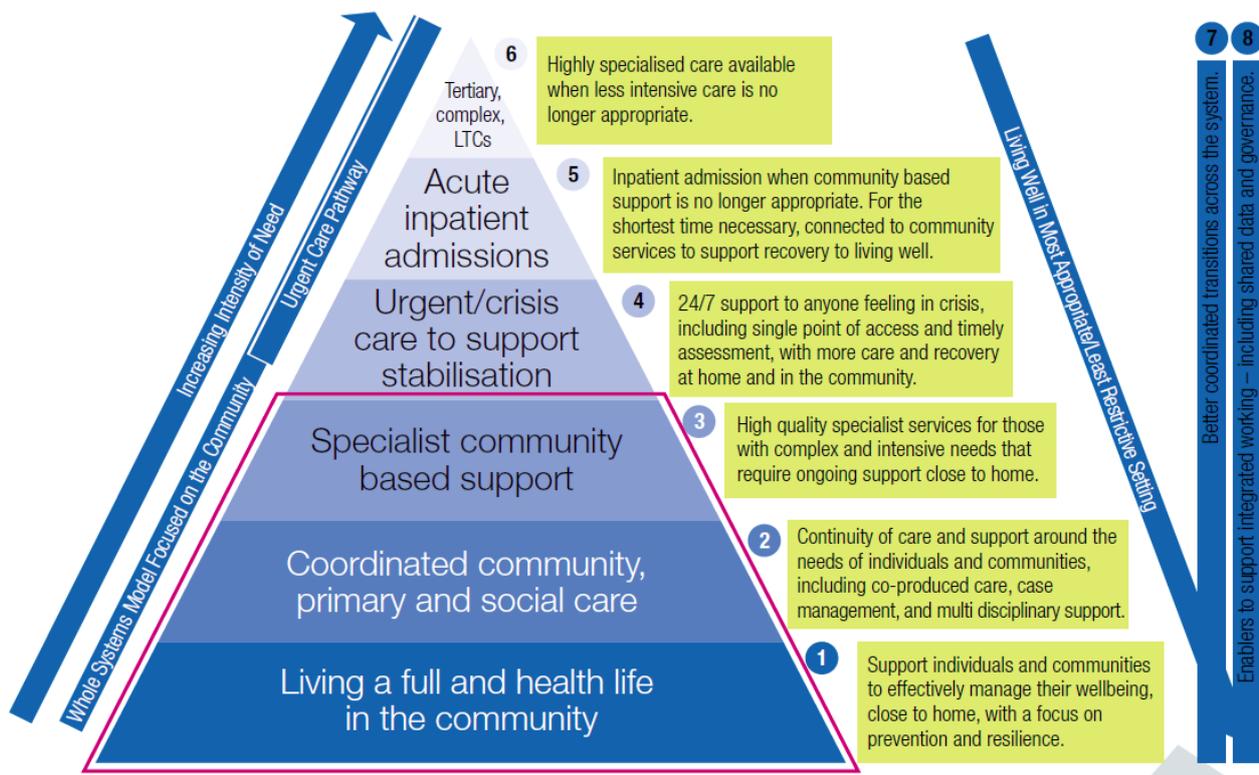


Figure [4.2]: Stepped Model of Care for Mental Health, NCL STP

Initiatives include:

Improving community resilience through specific initiatives supported by NHSE, such as helping service users get back into work, which have been shown to reduce cost and activity;

Increasing access to primary care mental health services: ensuring more accessible mental health support is delivered locally within primary care services;

Improving the acute mental health pathway: developing alternatives to admission by strengthening crisis and home treatment teams;

Developing a Woman's Psychiatric Intensive Care Unit ("PICU"): ensure local provision of inpatient services to female service users requiring psychiatric intensive care, where currently there is none;

Investing in mental health liaison services: scaling up 24/7 all-age comprehensive liaison to more wards and Emergency Departments;

Investing in a dementia friendly NCL: looking at prevention and early intervention, supporting people to remain at home longer and supporting carers to ensure that we meet national standards around dementia.

In addition to the alignment with the STP plan indicated in Section [4.1], the reconfiguration of services directly addresses the building of community resilience, improving access to primary care mental health services and the development of a women's PICU.

The subsequent section set out the current model of care at the Trust and its relation to the STP model of care in more detail.

Progress on STP mental health initiatives in Camden and Islington

There has been significant progress made in Camden and Islington since the STP was written with the boroughs on track to deliver the STP mental health vision. The mental health STP was driven by care models to improve patient outcomes, care and treat people in the least restrictive environment, thus mitigating the need to expand the in-patient facilities.

Improving community resilience

Camden and Islington have implemented new employment schemes based on Integrated Personal Support which is an evidence based type of employment support to help those with mental health conditions back into work. These initiatives are specifically supported by NHS England and have been shown to reduce activity, and also cost to, health services as people gain employment.

Mental Health First aid is also widely rolled out to Camden and Islington Council and voluntary sector services. This initiative is aimed at non-specialist front line services helping them identify mental health concerns and support people to access mental health services. Similarly, suicide prevention training is also being commissioned to support early identification and intervention with people who may be at risk of suicide but not in contact with mental health services.

Increasing access to primary care mental health services

The rollout and increased access to Practice Based Mental Health (“PBMH”) is a key part of the CCGs vision and transformation strategy – specifically “ensuring more accessible and extensive mental health support is delivered locally within primary care services”. This will help the population get local, accountable care that is integrated with social, community and specialist services. This will be underpinned by a systematic focus on prevention and supported self-care, with the aim of reducing unplanned hospital admissions. In addition, Camden and Islington CCGs are on target to increase access to IAPT services to 25% by 2021. Islington CCG has also invested in ‘integrated IAPT’ which specifically targets people with long-term physical health conditions who may otherwise not recognise and come forward for help with depression and anxiety associated with their conditions, but which nevertheless make their condition more difficult to live with. Initially this will be targeted at those with diabetes and chronic pulmonary respiratory disorder.

Improving the acute mental health pathway

Camden and Islington both have Crisis Home Recovery Teams that can respond to individuals in the community who feel in crisis and without immediate support would need to attend an Emergency Department. All acute admissions for mental health are agreed by the Crisis Team to ensure that no one who could be supported at home or in a Crisis House is admitted. There is also a 24-hour crisis line that the public and professionals can call to get advice and support over the phone. Camden and Islington residents can also access Crisis Houses across the boroughs to help avoid inpatient admissions where possible. These teams will be reviewed in 18/19 to ensure that they are being efficiently used and working to ensure that they are working to fully support people in the community, able to respond in a timely way, working closely with voluntary sector and social care; in order to support people’s needs in the least restrictive setting.

Islington and Camden CCGs are early implementers of the Serenity Integrated Mentoring (“SIM”) programme, which brings together police and care co-ordinators around a specific cohort of patients who are repeatedly admitted to Health Based Places of Safety under S136 of the Mental Health Act. In pilots elsewhere, this has resulted in a 50% decline in attendance at Health Based Places of Safety and impacted on subsequent admissions.

Developing a Woman’s Psychiatric Intensive Care Unit (“PICU”)

In November 2017 the Trust launched an 11 bed Women’s PICU, which is a shared resource for North London Partners; however, the majority of admissions will be from Camden and Islington due to the higher acuity of need in these boroughs. The service is already demonstrating significant improvement to patient care, not only are patients now able to be provided with services in the NHS and within their local area enabling visits from relatives and better joined up care, but length of stay has also reduced to an average of 27 days from previous average in the private sector of 45 days. It is too early to say but it is hoped that this locally provided more joined up care, as well as reduced length of stay on the PICU, will impact on the overall length of stay in in-patient care for these women.

Investing in mental health liaison services

The Trust provides mental health liaison services in UCLH, Royal Free London and Whittington Hospitals which are the main Emergency Departments attended by Camden and Islington residents. The services there operate 24/7 and provide in-reach to the wards to support training of staff, early discharge and reduced re-admission. The services provided at these hospitals can be described as meeting many of the Core 24 requirements. In addition, a new mental health suite is being implemented in Whittington Hospital, which will provide a safe and therapeutic environment for patients who have attended Emergency Departments to be assessed and cared for prior to admission or discharge. It is expected that the mental health suite will provide a calming environment which will support more people to be able to access services at Crisis Houses, or in the community with support from community teams and thereby reduce admissions to acute inpatient mental health settings.

New model of care for Child and Adolescents Mental Health Services (“CAMHS”) and perinatal services

The Trust does not provide CAMHS services and therefore this proposal will not impact on CAMHS services. However, in 2016 the Trust launched a new Community Specialist Perinatal Service. This service is a North London Partnership (NLP) resource and builds upon the small services that were already operating in Islington, Camden and Haringey. The new service works across maternity units and peripatetically in the community to support the needs of pregnant women and those with babies under one-year-old. This multi-disciplinary specialist service ensures that the top 3-5% of women with severe mental health needs are provided with specialist care and support, to better anticipate potential decompensation of mental health and to support better treatment in the community.

Investing in a dementia friendly NCL

Islington and Camden achieve high rates of dementia diagnosis for their estimated dementia population; the NHSE target is for two-thirds of those estimated to have dementia to have received a diagnosis. As of March 2017, Camden’s diagnosis rate was 75.4% and Islington’s 96.8%. This means that people in Camden and Islington can access support and services early in their diagnosis thus reducing crisis and inpatient care and supporting more people in

their homes. The mental health for older people pathway will also be reviewed in 18/19 to ensure that services are best supporting people's needs.

The Health Estate as an Enabler

The STP states that:

“An important enabler of a number the initiatives are the redevelopment of both the Barnet, Enfield and Haringey Mental Health Trust St Ann’s site and the Camden and Islington Foundation Trust St Pancras site.”

Furthermore, the STP confirms that the proposed developments at the St Ann’s and St Pancras sites would:

- Transform the current inadequate acute mental health inpatient environments on both sites;
- Provide more therapeutic and recovery-focused surroundings for service users and staff;
- Improve clinical efficiency and greater integration of physical and mental health care;
- Release estate across the Trusts, to enable development of community-based integrated physical and mental health facilities;
- Develop world class research facilities for mental health and ophthalmology enabling practice to reflect the best evidence; and
- Provide land for both private and affordable housing, as well as supported housing for service users and housing for key workers.

At a local level there is also alignment towards the health estate as an enabler for broader transformation. Both Islington CCG and Camden CCG, have overarching visions to improve access to appropriate and effective mental health services and to ensure services are integrated to enable a much more seamless experience for service users. This vision will be enabled through the provision of fit for purpose, cost-effective, integrated, accessible estate which enables the delivery of high quality services. This is covered in more detail in Section [4.5].

Links to Joint Strategic Needs Assessments (“JSNA”)

The current JSNAs for Camden and Islington produced by the respective Health and Wellbeing Boards with input from the local authorities, CCGs and other public sector parties further outline the requirements for a sustainable and high quality mental health service in the area. Both Camden and Islington have significantly higher rates of mental health diagnosis than other London Boroughs, with Islington holding the highest percentage of psychotic disorder diagnoses and Camden 3rd on that list. This has significant impacts for the overall health and wellbeing of residents across the boroughs; the Camden JSNA (2016) reveals that of those receiving incapacity benefits in Camden, mental ill health and behavioural disorders accounts for the largest proportion of claims. Consequently, the proposals to dramatically improve the quality of services to promote recovery and outcomes alongside improved access for users in the community are essential to meeting local needs.

“...a service model that systematically promotes integration of physical and mental health across primary and secondary care services and including self-management is required.”

Additionally, as articulated in the extract above from the Camden JSNA (2016) and, as stated in the most recent Islington JSNA (2016) the strong link between mental and physical health warrants a more joined up model of care that addresses mental and physical health together; providing further support for a model that aligns these services.

Joint Health and Wellbeing Strategies (“JHWS”)

Both the Camden JHWS (2016) and the Islington JHWS (2017) identify mental health as one of their key priorities to improve health and wellbeing in their Borough over the next few years. There are similar strategies proposed in these documents to deliver this goal, such as improving access to community based interventions and improving attitudes towards mental health by developing understanding and reducing stigma. The proposed reconfigurations reflect these broader strategies.

Quality of Existing Estate

CQC reports

The Trust delivers the majority of its care to residents in the London Boroughs of Camden and Islington, including from its two acute sites at St Pancras Hospital (SPH) and the HMHC. The sites vary widely in terms of their distribution, age, condition and suitability and these “extensive differences” were noted in the June 2016 CQC report.

The report highlighted that the SPH acute wards and psychiatric intensive care units required significant improvement. Therefore, it is a priority for the Trust to update the facilities within which these services are delivered to enable better outcomes for service users.

The latest CQC inspection published in March 2018 it was noted that the Trust had sufficient mitigations in place to address the concerns raised previously. However, the overall rating for Safety remained as “Required Improvement”. Furthermore, this most recent report highlights the staffing difficulties facing the St Pancras site, with the vacancy rate of over 20% on all wards. This not only increases workload for staff but also increases the reliance on agency and bank staff, which increases the likelihood of protocol not being followed and staff training shortfalls.

Backlog maintenance

As may be expected, there is a considerable amount of backlog maintenance, particularly at SPH, to the value of £10 million. Many of the buildings are inefficient, do not provide a therapeutic inpatient environment, lack modern safety features and make it difficult to bring together a full range of services (physical and mental health, and social care).

Beyond the £10 million of backlog maintenance, an estimate of approximately £175 million has been quoted to re-provide services at the St Pancras site that meet modern standards. A significant proportion (c.73%) of the Trust’s backlog maintenance requirement relates to the SPH site.

Time bound opportunity

Critically, the opportunity to transform the mental health services in the area through the St Pancras redevelopment is potentially time bound insofar as the Trust were successful in their application for a Certificate of Immunity from Listing (COIL) and this is valid for a 5-year period running to 2020. The importance of this to the scheme is that it means that no further buildings on the site can become listed in this period, enabling the Trust to consider alternative uses for the current site.

Accessibility

In addition, whilst SPH does meet the Disability access requirements under Equalities Act 2010 (“EA10”) compliance, the issues highlighted above, due to the age and consequent design of the estate, leave room for improvement as they do not inherently meet the requirements for all service users. Specifically, wheelchair users and people with sight loss have relatively poor access, as the building is not designed to meet their needs. Similarly, due to building design, lines of sight are compromised and additional systems have been put in place to ensure patient safety.

Patient assessment

The 2016 Patient Led Assessment of the Care Environment (PLACE) scores, shown in Figure [4.3], demonstrates the challenges the Trust has on the SPH site. This clearly evidences that SPH needs improvements within the ‘Condition, Appearance and Maintenance’ section and is a significant outlier on both the ‘Dementia Friendly’ and ‘Disability Access’ sections.

Figure [4.3]: 2016 PLACE assessment scores for SPH

Site Assessed	Cleanliness 2016	Food & Hydration (Ward) 2016	Privacy, Dignity & Wellbeing 2016	Condition, Appearance & Maintenance 2016	Dementia Friendly 2016	Disability Access 2016
St Pancras Hospital	99.51%	86.26%	87.28%	91.4%	68.28%	65.57%
Average score C&I	99.51%	93.54%	89.43%	96.35%	82.07%	83.87%
National average	98.1%	89%	84.2%	93.4%	75.3%	78.8%
Comparative MH Trusts	99.6%	84.83%	96.24%	97.84%*	94.96%	93.32%

*SLAM spent a considerable sum in environmental works prior to the PLACE inspections

Limitations of Current Service Provision

Parity of esteem for mental health

Parity of esteem for mental health is widely supported as a concept across the health and social care system, reflecting the fact that mental health can be more debilitating than most physical conditions as well as the enormous social and economic costs of untreated conditions (only 25% of those with depression are diagnosed).

Similarly, for inpatients that are admitted to the service at SPH, there is an associated stigmatisation with the facility which could be addressed through moving to a new, modern site rather than staying at SPH. By exploring options to deliver inpatient facilities at a site that also has physical health acute wards, there is an opportunity to develop closer collaboration in meeting mental and physical health needs. This supports the wider new Model of Care as set out in Section [5] and STP goals for mental health provision that is integrated and viewed as equal to physical health provisions.

Integration of care

This is a rare opportunity to make a step change in converting that concept into reality for service users in North Central London. The proposal for the development of community hubs brings the potential for significant strategic benefit for the broader health and social care system as this hub will allow service users to have their physical and mental health conditions considered on a single site through cross organisational working. The local health organisations know that those living with psychosis on average die 20 years earlier than average, but often this is due to poor management of preventable physical health and wellbeing such as weight, diabetes and substance abuse. Further integrating care will enhance the delivery of whole health and social care system transformation that is already underway.

As this way of working is embedded across the community, there may also be opportunities for workforce diversification, allowing staff to work more holistically than ever before with service users. By bringing facilities and workforce together, collaborative working and smoother transitions between services can be achieved, which could not be achieved at SPH. For example, an inpatient on a mental health ward could be visited on-site by a cardiologist or diabetic nurse without significant travel or time delays. Similarly, an individual receiving treatment on an acute ward may be recommended for swift assessment by a member of the mental health team to best meet their needs.